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REPORTS INVENTORY											CONTROL NO.					
PREPARE IN DUPLI	CATE										1	DDS	OF-	∙085		
1. TITLE OF REPORT (if a fill-in report include Form No.) 2.											2. TYPE	×	STATIS	TICAL		
				Investment Information for the							OF	_	NARRAT			
Annı	ıal A	gen	cy Financial Report								REPORT			E-NAME LIS	STING	
3. FUNCTIONAL AREA		PERSONNEL			TRAINING				ADMIN. GENERAL OTHER (specify)							
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4. NO. OF COPIES	5. FREQUENCY (weekly, month)							6. DIS	TRIBUTIO	N (No	of c	omnonents	nat			
											6. DISTRIBUTION (No. of components not number of copies)					
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7. FORMAT (memorandum, form										RECTIVE AUTHORITY REQUIRING REPORT						
computer print-out, etc)				YES IF YES GIVE ADP PROCESSING NO.						Chief, Accounts Div/OF						
Memo & Sch			X NO													
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